

## APPLICATION FOR INDEPENDENT REVIEW ORGANIZATION

INDIANA DEPARTMENT OF INSURANCE

Check if New Application	<input type="checkbox"/>
Check if Renewal	<input type="checkbox"/>

For Dept. use only:
Date Fee processed _____
Date Registration processed _____

### INSTRUCTIONS:

If there has been no change in the documentation submitted for your last renewal application, submit this completed application and the renewal fee.

If there has been **ANY** change to the documentation submitted with your last renewal application or new application filed since December 31st, submit the revised documentation with this completed application, the completed application checklist and renewal fee.

Please notify the Department of Insurance of any material change of any information set forth in this application within thirty (30) days of the change.

A change in ownership requires a new application, application checklist, application fee and supporting documentation which should be submitted with the notice of material change.

Please **TYPE** responses to the questions below.

Incorporated name of Independent Review Organization		D/B/A name	
FIN/EIN Number			
Address (if P.O. box, please include street address)			
City	State	Zip Code – Nine Digits	
Telephone Number	Toll-free Number (toll-free number required)		Fax Number
Name of contact person		Telephone number of contact person	
E-mail for contact person		Company Website	
<i>I certify that <input type="checkbox"/> there have been no changes to any application information and documentation submitted during the last year;</i> <i>or</i> <i>I certify that <input type="checkbox"/> there have been changes to the previously submitted application information and documentation and have attached the revised documentation.</i>			
<i>I certify that the above statements are true.</i>			
Signature of applicant	Date	Printed Name of Signature	Title